

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 113

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

FARMERS GROUP, INC., FARMERS INSURANCE EXCHANGE, FIRE INSURANCE EXCHANGE AND TRUCK
INSURANCE EXCHANGE POLITICAL ACTION COMMITTEE AKA FARMERS INSURANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ANDREWS, WARD C, , ,

Mailing Address 9812 W. TORMEY ROAD

City
NINE MILE FALLS

State
WA

Zip Code
99026

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
FARMERS INSURANCE EXCHANGE

Occupation (for Individual)
SUPERVISING ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

09 / 20 / 2019

Transaction ID : INCA182553

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. AUSTIN, CHRISTINA D, , ,

Mailing Address 11374 ROLLING MEADOWS DR

City
GARRETTSVILLE

State
OH

Zip Code
44231

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
FARMERS GROUP INC.

Occupation (for Individual)
BU COMPLIANCE DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

237.50

Date of Receipt

09 / 06 / 2019

Transaction ID : INCA182161

Amount of Each Receipt this Period

12.50

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. AUSTIN, CHRISTINA D, , ,

Mailing Address 11374 ROLLING MEADOWS DR

City
GARRETTSVILLE

State
OH

Zip Code
44231

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
FARMERS GROUP INC.

Occupation (for Individual)
BU COMPLIANCE DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

237.50

Date of Receipt

09 / 20 / 2019

Transaction ID : INCA182596

Amount of Each Receipt this Period

12.50

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

40.00